

**FILED NOV 13 1941**  
Registration District No. **599**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9-3-41-10-21-41**  
(Specify whether years, months or days) **40 years**

3. (a) PRINT FULL NAME **SUSIE GRAHAM**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Alfred Graham** 6. (c) Age of husband or wife if alive **56 years**  
7. Birth date of deceased **May 23 1884**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **28** If less than one day hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER { 12. Name **Deceased George Banner**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Deceased Susie Ann**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital #2**

17. (a) **burial** (b) Date thereof **10/25/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Dickinson Bros.**  
(b) Address **1729 Lydia**

19. (a) **10/24/41** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1622 Harrison**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**  
year **1941** hour **6** minute **20 a. m.**

21. I hereby certify that I attended the deceased from **September 3 1941** to **October 21 1941**  
that I last saw her alive on **October 21 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Heart Disease with decompensation**

Due to **72 B**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature **J. C. Brown** (M. D. or other) **0**  
Address **Gen. Hosp. #2-600 E. 22nd** Date signed **10-22-41**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**